DSRIP PROJECTS AT A GLANCE

2.a.i: Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management

An IDS supports delivery of evidence-based, quality care in the right setting at the right time, at the appropriate cost, incorporating a full continuum of services. Bringing healthcare providers up to date with the most current standards of quality care (PCMH 2013).

2.a.ii: Increase Certification of Primary Care Practitioners with PCMH Certification and/or Advanced Primary Care Models, as developed under the NYS Health Innovation Plan (SHIP)

Ensuring every primary care provider in our network is a high-performing Patient Centered Medical Home (PCMH) or Advanced Primary Care (APC) practice provides an opportunity to strengthen and expand primary care, which is central to achieving better health for patients and communities, and lowering costs for everyone.

2.a.iv: Create a Medical Village Using Existing Hospital Infrastructure

Create Medical Village's throughout our region to allow patients to access multiple healthcare functions for outpatient care and services in one convenient "one-stop-shop" location.

2.d.i: Implementation of Patient Activation to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care Engage UI, NU, and UU Medicaid recipients into the healthcare system. Linking to the supports necessary to utilize primary care/preventative care services and safely manage their healthcare needs in a manner that is attainable for them, through Patient Activation Measures (PAM).

2.b.viii: Hospital-Home Care Collaboration Solutions

Implementation of interact-like program in the home care setting to reduce risk of re-hospitalizations for high risk patients.

3.a.i: Integration of Primary Care and Behavioral Health Services

Integrating behavioral health and substance abuse services with essential primary care services, ensuring coordination of care for both services.

3.a.ii: Behavioral Health Community Crisis Stabilization Services

To provide readily accessible behavioral health crisis services that will allow access to appropriate level of service and providers, supporting a rapid de-escalation of the crisis.

3.a.iv: Development of Withdrawal Management Capabilities and Appropriate Enhanced Abstinence Services with Community-Based Addiction Treatment Programs

To develop withdrawal management services for substance use disorders (SUD) within community-based addiction treatment programs that provide medical supervision and allow simultaneous or rapid transfer of stabilized patients into the associated SUD services, and to provide or connect individuals with care management services.

3.g.i: Integration of Palliative Care Into the PCMH Model

To increase access to palliative care programs.

4.a.iii: Strengthen Mental Health & Substance Abuse Infrastructure Across Systems

Collaboration among leaders, professionals, and community members working in MEB health promotion to address substance abuse and other MEB disorders. Addresses chronic disease prevention, treatment, and recovery and aims to strengthen infrastructure for MEB health promotion and MEB disorder prevention.

4.b.ii: Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings

Deliver effective chronic disease preventive care and management to prevent and/or alleviate chronic disease and related complications.